

PLACE OF BIRTH
 County of Yuma ARIZONA STATE BOARD OF
 District of _____ BUREAU OF VITAL STATISTICS State _____
 Town of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar _____
 or _____ Local Registrar's No. 70-13
 City of Hayden (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Annivivian Gray Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? yes Date of Birth Jan 31 1920
 Month Day Yr.

FATHER
 Full Name Reginald Henry Gray
 Residence Hayden Ariz
 Color or Race White Age at last Birthday 25 Years
 Birthplace A. Hampton, England
 Occupation Carpenter

MOTHER
 Full Maiden Name Bessie May Saunders
 Residence Hayden Ariz
 Color or Race White Age at last Birthday 20 Years
 Birthplace New Mex
 Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on Jan 31 1920 at 12:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Leola Wood
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191__

Address Hayden Ariz

178-131-222
 COUNTY REGISTRAR.

Filed Jan 31 1920
 Filed Feb 9 1920 A True Copy

B. G. Day
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.